

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or

City of Globe

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131

County Registrar No. _____

Local Registrar No. 140

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alvin Frederick Brown) If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other — 5. Legitimate? yes 6. Date of birth July 12, 1926
 Month day year

8. FATHER Full name Albert Frederick Brown 14. MOTHER Full maiden name Barbara Hall

9. Residence (Usual place of abode) Globe, Arizona 15. Residence (Usual place of abode) Globe, Arizona
 If nonresident, give place and state

10. Color or race white 11. Age at last birthday 24 (Years) 16. Color or race white 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Texas 18. Birthplace (city or place) Kelown, Arizona
 (State or country)

13. Occupation Nature of industry Miner 19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:20 p.m. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
 Signature T. C. Harper, M.D.
 Address Globe, Arizona
 (Physician or midwife)

Given name added from a supplemental report _____ Filed 7-31, 1926 _____
 Month, day, year. Local Registrar.

Registrar.

Filed _____, 19____ County Registrar.

125-712-283